

CLEVELAND CLINIC  
CCF CHAGRIN FALLS FHC  
551 E WASHINGTON ST  
CHAGRIN FALLS, OH 44022-4402  
(440) 893-9393

NAME:   
MRN:   
  
ADDRESS HOME: **Redacted - Confidential PHI**  
  
DOB:

DATE: 03/26/2018

**Redacted - Confidential PII**

PRESCRIPTION: HYDROcodone-Ibuprofen  
(VICOPROFEN) 7.5-200 mg per  
tablet

REFILL: \*\*0\*\* (zero)  
AMOUNT: \*\*150 tablet\*\* (one  
hundred and fifty  
tablet)

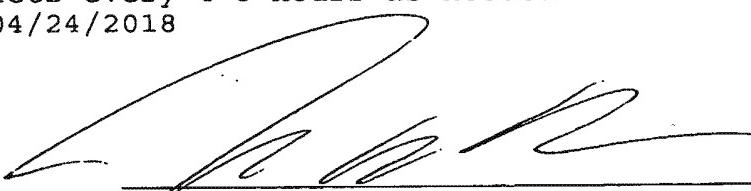
DAW: NO

SIG: Take one to two tablets every 4-6 hours as needed

START: 03/26/2018 END: 04/24/2018

Notes to Pharmacy:

DIAG: M54.12  
DEA#: FB0480234  
NPI#: 1699960005

  
William M Boros, MD

This prescription is printed on CMS compliant tamper-resistant paper containing the following security features:

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Rx turned away - called MD for diagnosis treatment plan and (a)it seen dat. Also Patient gets other rx's from Giant Eagle . MD office called Back w/ no form R Inf other than " just fill it" so I advised w/ no information I wouldn't fill it. ~~He~~

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